

State of Wyoming
Department of Health
Behavioral Health Division

Substance Abuse Treatment Certification Application Guidance Document

(This document is for informational purposes only, please do not submit)

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Acknowledgements and Overview

Treatment Certification Application Guidance Document

This document may be utilized to prepare providers to apply for initial certification online. Before applying for certification online, please become familiar with the Wyoming Department of Health, Behavioral Health Division Rules and Regulations for Substance Abuse Standards, [Substance Abuse Standards] Chapters 1-7, and 8 for the state funding and certification of court supervised treatment [CST] programs. To begin the application process, please click on the application link at the bottom of this page. You will be e-mailed a pin number to access the online application process. The pin number will provide access to revisit your online application, for instance, if you need to gather some information and have timed out; or if you would like to go back and review prior to final submission. The online application process will walk you through the application, step by step. Please enter the required information where applicable, and upload the documentation, as indicated.

Certification to provide substance abuse services is available to any alcohol and drug abuse treatment program that meets the requirements for certification identified in the Chapters 1-7, and 8 for the state funding and certification of court supervised treatment [CST] programs of the Substance Abuse Standards, and in the following certification application. Certification determines that a program has met the minimum requirements related to service delivery; and has the necessary policy and procedure, organizational, human resource management, clinical, specific level of care, physical plant, and special population protocols to provide substance abuse and co-occurring services. It is understood by the applicant that access to clinical records must be made available to the Wyoming Department of Health, Behavioral Health Division [the Division] and Center for the Application of Substance Abuse Technologies [The Division's Contractor, CASAT] at the time of the certification site visit in order to measure compliance with the Substance Abuse Standards. Certification is issued by the Division.

No program, provider, or facility may receive state funds for substance abuse treatment unless certified, under the Substance Abuse Standards. Additionally, no substance abuse service program, provider, or facility may receive court referred patients / clients unless certified under the Substance Abuse Standards.

Certification Frequently Asked Questions, please click on link:

http://www.health.wyo.gov/mhsa/treatment/Certifications.html

For additional information and/or questions pertaining to certification application please contact:

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The Substance Abuse Standards are available from the Divisions website. They may be accessed online at http://health.wyo.gov/mhsa/treatment/SAStandardsrevision.html

Online Certification Treatment Application; click on link to apply to be a new certified provider: https://improv.health.wyo.gov/MHSA_InitialProviderApplication/WelcomePage.aspx

Section I: Certification information, applicants are required to enter the following information:

Application packets are to be submitted electronically, and will be subject to return should the content not be in compliance with the Substance Abuse Standards. If an application is returned for content non-compliance, the entire application packet must be re-submitted. Upon receipt of a compliant application, the Division and CASAT have 60 days to review and approve. Once approved, a phone interview is scheduled with the applicant. Upon successful completion of a comprehensive phone interview, the applicant will be issued up to a 6-month provisional certification. The provisional certification is to develop client capacity and the clinical documentation necessary for the full onsite review.

<u>Timeline for completion of the online application process:</u>

Please note: Online applicants, for both new and current providers, have 90 days to finalize the online application process; after that timeline expires the system will purge the application. If purging occurs, there is no way to access this information and any applicant with purged information must begin the application process over.

The following information is required to be typed/entered into the online application:

- □ Agency or Applicant's Name as registered with the Secretary of State's Office, and / or as registered on corporate documents: (If your agency has previously used any other business name, please list when prompted)
- □ Program Name as you would like to appear on Certificate for posting may be listed.
- □ CST Programs: (*Please provide the name as reflected on the state grant contract*)
- □ Clinical Director: (*Please add credentials where indicated*)
- □ Executive Director: (*Please add credentials where indicated*)
- □ Current Staff Information: (*Please list staff title, i.e., case manager, therapist, and credentials for each staff member, i.e., LCSW, LAT, etc.*)
- □ Ownership and Governing Board Membership List: (*If applicable*)
- □ Applicant's Primary Work Site Address: (If applicant is providing services at more than one address, please enter information for one level of service page for each service site location, see Section IV)
- □ City and Zip Code(s):
- □ County/Counties of Applicant's Office(s): (*Please note primary office, if more than one*)
- □ Applicant's Telephone Number(s):
- □ Applicant's Cell Phone Number:
- □ Applicant's E-mail Address:

- □ Applicant's Fax Number:
- □ In-Agency Certification Contact: (*The main point of contact for certification issues/information, i.e., operations manager, risk manager, clinical director, etc.*)
- □ Agency Web Address: (*If applicable*)
- □ Title of Credential: (*Please list for all licensed / professional staff where indicated to do so*)
- □ State and Date Issued: (*Please list for all staff where indicated to do so*)
- □ Current Status: (*Please include license expiration date and any other required reporting information*)

Please scan and upload the following document(s): (System will indicate for each document required)

- □ Documentation evidencing the authority of the provider to do business in the State of Wyoming: (Such as a business license, copy of Articles of Incorporation filed with the Wyoming Secretary of State, etc.)
- □ By-Laws: (*If applicable*)
- □ Three (3) professional reference letters from parties with whom the agency has provided similar services in the last two (2) years. (*This is not applicable for providers currently funded by the Division*)
- □ Copies of current malpractice and professional liability insurance: [Please ensure the insurance meets the SA Standard according to Chapter 2, Section 2 (f) (iii)]
- Copies of licenses for all practitioners from the Mental Health Professions Licensing Board:
- Copy of the program's current policy and procedures manual, to include all levels of services the agency or provider is applying for. (*Please ensure all Substance Abuse* Standards' policy and procedure requirements are submitted)
- Please ensure a program description for all services checked in Section IV is included within the program's policy and procedure manual: regarding utilization of ASAM Patient Placement Criteria; with respect to initial level of care placement, and transitioning through the various levels of care. Program description should include but not limited to: an appropriate mix of direct patient contact, review of records, team meetings, and quality assurance programs.

II. Certification Application Acknowledgement Page

(The copy of the acknowledgement statements are provided below to assist applicants with preparing for online application. If an applicant is unable to honestly check the YES checkbox, then please review Substance Abuse Standards section noted at bottom of each standard in order to gain a better understanding)

YES: Legal proceedings. Every program shall report, is award against a program or any person while employed by delivery of the service or which may impact the continued every program shall report any felony conviction against the employed by the program. The report shall be given to the days of receipt of the conviction. Substance Abuse Standa	the program which relates to the operation of the facility. In addition, the program or any person while Division within ten (10) calendar
YES: The program shall ensure that all its program(s), all applicable federal, state, and local laws, regulations, coc Standards, Chapter 2, Section 2, (f) (i)	
YES: The program understands that the Division may certification if an applicant fails to meet all of the requirem renew the certification if the applicant no longer meets or horules. Substance Abuse Standards, Chapter 2, Section 36	ents of these rules, and may refuse to as violated any provision of these
YES: As the Executive Director, I attest that there is no violation(s) pending against any of the applicants' program service(s) at this time.	¥ ', ',
YES: I attest that I have read and understand the Substathe levels of service(s) applying for herein, and have read a contained within each chapter and section that is applicable understand that the Substance Abuse Standards establish statevices; that a continuum of quality, research based, best preservices be made available to Wyoming citizens.	and understand all information to this agency / provider. I andards for substance abuse treatment
Signature of Executive Director	Date

PLEASE NOTE: Electronic signature is required at the end of the online application, prior to final submission.

Section III: Certification Procedures for Substance Abuse Treatment Levels of Service

1. Overview of Certification Process:

Measurement for compliance is determined by using the Substance Abuse Standards and a weighted certification instrument related to operations of policy and procedure, organizational, human resource management, clinical, specific level of care, physical plant, and special population protocols as relevant to individual applicants. It is understood by the applicant that access to all records mentioned above must be made available to the Division and the Division's Contractor (CASAT) at the time of the certification site visit in order to evaluate for compliance to the Substance Abuse Standards.

A point system is utilized to determine the percentage for each section of the instrument and an overall score.

State Certified, 2 years: 81% or more in each of the above categories with an overall weighted score of 81% and above.

State Certified, 1 year: 71% to 80% in each of the above categories with an overall weighted score of 71% - 80%.

State Certified, 6 months: 61% - 70% in each of the above categories and an overall weighted score of 61% to 70%.

Major Non-Compliance / Corrective Action Plan: If a provider receives a score under 60% in any of the above categories and an overall weighted score of 60% or below, this will result in a full review from the Behavioral Health Division on how to proceed on a case-by-case basis.

2. Certification Recommendations:

Upon completion of the on-site certification review and scoring process, the Field Certification Specialist (CASAT) will meet with the Division regarding certification recommendations.

- a. Major Non-Compliance / Corrective Action Plan (score below 60% and/or critical health and safety issues)
 - i. The organization shall submit to the Division a written corrective action plan if the provider receives a certification report with any section scoring below the minimum compliance level. Other critical issues that put the client, staff or public at risk will also result in a corrective action plan even if overall minimum compliance is within the acceptable scoring range.
 - ii. The corrective action plan must be submitted to the Division within thirty (30) days of receipt of the request from the Division, unless requested in writing sooner.

iii. CASAT will review the corrective action plan for compliance and will make a recommendation to the Certification Management Team (Division) on whether to accept or reject the plan. An unacceptable plan must be amended and resubmitted within fifteen (15) business days of date of notice of rejection.

b. Denial / Suspension / Revocation

- The Division may deny an application to issue a certification if an applicant fails to meet all of the requirements of the Substance Abuse Standards, and may refuse to renew a certification if an applicant no longer meets or has violated any provision of the Substance Abuse Standards.
- ii. The Division may suspend or revoke the certification if the Division finds that a provider does not comply with the Substance Abuse Standards.
- iii. In the event of denial, suspension or revocation of certification, the Division shall notify the applicant and / or provider in writing. The notification shall include the reasons for the action and shall inform the applicant and / or certified provider of actions necessary to remedy the failures. In the case of a suspension or revocation, the notification shall also be sent to all referring courts. The notification shall include information about the provider's right to a hearing under the Wyoming Administrative Procedure Act. (May be reviewed at W.S. § 16-3-101, et seq.)

Section IV: Checklist for Level of Service According to the American Society of Addiction Medicine (ASAM Patient Placement Criteria PPC-2R).

One (1) checklist required for each service site location for which services are provided: (If providing services at one service site location, please enter only one level of service checklist, with corresponding address)

Adult Services:

- □ Level 0.5 Early Intervention / DUI Education
- ☐ Level I Substance Abuse Assessment Only
- □ Level I Outpatient Treatment
- ☐ Level II.1 Intensive Outpatient Treatment
- □ Level II.5 Partial Hospitalization
- □ Level III.1 Clinically Managed Low-Intensity Residential Treatment
- ☐ Level III.3 Clinically Managed Medium-Intensity Residential Treatment
- □ Level III.5 Clinically Managed High-Intensity Residential Treatment
- □ Level III.7 Medically Monitored Intensive Inpatient Treatment
- ☐ Level IV Medically Managed Intensive Inpatient Treatment

Adult Detoxification Services:

- ☐ Level I-D Ambulatory Detoxification Without Extended Onsite Monitoring
- □ Level II-D Ambulatory Detoxification With Extended Onsite Monitoring
- □ Level III.2-D Clinically Managed Residential Detoxification (Social Detoxification)
- ☐ Level III.7-D Medically Monitored Inpatient Detoxification
- □ Level IV-D Medically Managed Intensive Inpatient Detoxification

Recovery Support Services for Substance Abuse Services

- ☐ Recovery Support Services, Non-Residential
- □ Supportive Transitional Drug-Free Housing Services

Adolescent Services:

- □ Level 0.5 Early Intervention / MIP Education
- ☐ Level I Substance Abuse Assessment Only
- □ Level I Outpatient Treatment
- □ Level II.1 Intensive Outpatient Treatment
- □ Level II.5 Partial Hospitalization
- ☐ Level III.1 Clinically Managed Low-Intensity Residential Treatment
- ☐ Level III.5 Clinically Managed Medium-Intensity Residential Treatment
- ☐ Level III.7 Medically Monitored High-Intensity Residential/Inpatient Treatment
- □ Level IV Medically Managed Intensive Inpatient Treatment

Adolescent Detoxification Services:

- ☐ Level III.5-D Clinically Managed Residential Detoxification
- □ Level III.7-D Medically Monitored Inpatient Detoxification
- ☐ Level IV-D Medically Managed Intensive Inpatient Detoxification

Special Population Designations:

- □ Co-Occurring Treatment Services
- □ Women's Specific Treatment Services
- Residential Treatment for Persons with Dependent Children
- Criminal Justice Population
- □ Adolescent Treatment Services